

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000392141

Entity Name: ISLAND STYLE SALON LLC

Current Principal Place of Business:

810-2 N. ORANGE AVENUE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

810-2 N. ORANGE AVENUE
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 93-3033308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKIM, CURTISS
3711 TROUT RIVER BLVD
JACKSONVILLE, FL 32208 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	AKIM, CURTISS	Name	CLAYTON COLEMAN, SAMANTHA
Address	3711 TROUT RIVER BLVD	Address	3711 TROUT RIVER BLVD
City-State-Zip:	JACKSONVILLE FL 32208	City-State-Zip:	JACKSONVILLE FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AKIM , CURTISS

AMBR

01/22/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date